

Spousal Age Gap and Its Effects on Reproductive Health Decision Making Process in Nigeria

Prof (DR) Ismail B Baba Dr Rajwani MD Zain Mallam Hussayn Umar Idris
School of Social Development, College of Arts and Sciences, Universiti Utara Malaysia

Abstract

The paper explores Spousal age gap and its effects on Reproductive Health Decision Making Process in Nigeria using Ankpa Local Government of Kogi State as a unit of analysis. Qualitative research was carried out using in-depth interviews. 20 couples were interviewed in Ankpa local government area of Kogi State and the findings revealed that age gap Narrow spousal communication and has implication for the younger bride's ability to communicate very well and freely in qualitative manner with her husband, age gap provide them with experience and resources, the wider the age gap the more the respect, if the woman is of the same age with the husband there is a tendency for disrespect and as women grow older chances that they will find husbands. The paper suggest, educating women as well as creation of jobs opportunities.

Keywords: Age, Health, Reproductive, Rights and Women.

1.1 Introduction

The conflicts of interest between husbands and wife differ greatly from other kind of conflicts such as class conflicts in that employer and employee do not necessarily cohabit in the same house like couples. The togetherness that characterizes couple relationship and the sharing of practically physical and emotional interest makes the nature of their own conflict completely different (World Bank,2000).

One of these characteristics is the nature of the background of these conflicts which necessitates that it be perused from a pervasive cooperative behavior that is the nature of the relationship that characterizes the togetherness which Sen (2000) prefers to call cooperative conflict. Cooperating allows all members of the team to win some and lose some in a relationship that is mutually benefiting.

Even in the existence of substantial conflict different parties have a lot to gain from cooperating in an overtly manner in carrying out their individual activities, in the gender division of labour this cooperative behavior is most manifest as it relates to household chores done to the benefit of all members of the household especially the enjoyment of benefits derivable from the work done Fakpohunda (1985).

When serious conflicts of interest arise occasioned by 'social technology' the character and type of organization the family is in will enable molding and treating of the conflict as an aberration rather than a norm, this treatment or classification of the conflict will allow family members see such deviant behavior for what it is, just a treat, and as such on that bases devise the relevant cooperative behavior needed to move on (Sen, 2000).

(Manser & Brown,1980 ; McElroy & Horney, 1981) opines that the form of household economy operated in the house should be seen as a bargaining term for problem solving only and women as agents for the survival of all must be viewed strongly as against the well-being of women for their own sake only. (a distinction that was pursued in Sen 1985a). The process of understanding women's well-being may begin from observing their 'functioning' and the 'capability' with which activities are carried out (i.e., what the person can do or can be), all the different capabilities at play must be analyzed, evaluated and compared with women's ability to live well (Sen, 1985a).

Social norms and values that dictate gender relations allows people to perceive legitimacy for their actions within the societal constructs of these norms and women in pursuing either the agency role will or may be overshadowed by other objectives that may not necessarily be their own. With regards to gender divisions, these norms maybe barriers to seeking a more equitable arrangement for women and even hinder the perception by others of the lack of equality and equity in the engagement Sen (1985a).

The imperative that is growing is to attempt to merge perception with agency and see how and if it will lead to the realization of better opportunity for women well-being all over the world. Recent literature in development circles have shown that there exist inequities in gender division of labor in many parts of the world Sen and Gown (1985).

There is an inherent danger in seeing women as a patient instead of an agent as the agency of women may be particularly important in addressing entrenched negative perceptions and biases that sustain the neglect of women's needs and desires Sen (1985a).

The need to enhance and make visible the contribution of women to social life in their homes and society has been largely neglected by the society so far, the economic role of women is also important role in bringing to light the contribution of women to social and societal life (Sen, 2000).

Putting economic value to women's earning outside their homes particularly in Africa and Asia which has been discussed at different levels provides a good example of the instrumental role that women's agency can

play in different societies and cultures Sen (1987).

The information bases emanating from traditional societies though narrow can help substantially in widening the understanding of these roles that the economic contribution of women in these regions and even diversifying the information bases can better help in the understanding of the role of women in development since some of the subject matter are covered in the central issues already discussed (Sen, 1987).

Studies about decision-making processes among people in northern Nigeria are few. A study by (Adioetomo & Eggleston, 1998) observed that though most couples seek compromise when situation becomes critical or important decision needs to be made the husband's decision is usually implemented.

The northern part of Nigeria has successfully transformed their societal norms and values to a large extent to that of the Islamic norms and values and couple decision-making in the region follows that which Islam dictates generally. The construct in Islamic culture is that women have a duty to obey their husbands and their husbands in turn are expected to respect their wife's it is this give and take consideration that guides the process of decision-making, which dictates that sometimes, unless otherwise the decision-making process seeks some form of compromise and are sometimes dominated by the man (Yusuf, 2001).

Some other studies in the region present the husbands domineering role in decision-making in northern societies, (Berninghausen & Kerstan, 1992) opine that women do not always take decisions on their own even if it is about their welfare such decisions and any other are taking in consultation with their husbands.

1.2 Research Questions

The following are the research questions for the study

- a. What are the extent of age gap and their contribution to reproductive decision making?
- b. Why is it that women knowledge of reproductive right is very low in Ankpa Local Government of Kogi State ?
- c. What are the strategic ways of improving their relations?

1.3 Objectives of the study

- a. To examines the spousal age gap and their contribution to reproductive decision making
- b. To analyse low women knowledge of reproductive right in Ankpa Local Government of Kogi State.
- c. To suggest the strategic ways of improving their relations.

1.4 Gender relations and reproductive health decision-making

A model of women's decision-making power and contraceptive use designed by Kritz and Makinwa-Adebusoye (1997) on women's' power and reproductive behavior showed that cultural, economic and social considerations shape and direct gender inequality across different societies and divide.

In gathering data, all demographic data was grouped and called individual level factors among women status in societies. The relationship between these individual level factors that guides or affects wife's contributions to decision-making includes those categories that affect the wife's decision-making autonomy, as determined by demographic outcomes in marriage (Fakpohunda, 1985 & Basu, 2002).

(Fikree, Khan, Kadir, Sajan, & Rahbar, 2001) classified two models of independent variables calling one proximate determinants and the other distant determinants and went ahead to show how the affect women's contribution to decision-making. On the basis of these two models (Dodoo et al.2001) formulated a composite model of the three areas with the intention of showing how the affect women's family planning decision-making power and family planning decision-making power (Bawah, 2002).

In their model the nine areas that direct the life of women were compressed into two and they went ahead to analyze how decision-making is related to family reproductive health decision-making and family planning decision-making power, Doo, et all (2001).

In other to conclude that a direct relationship existed between decision-making power in fertility and contraceptive use and that this can predict actual contraceptive use the researcher tested the decision to use contraceptive and actual contraceptive use to see if there is a direct relationship. These factors were further divided into three viz, basic factors, factors related to the couple's relationship, and fertility-related factors (Kritz & Makinwa-Adebusoye, 1997).

The analysis resulted in their conclusion that those factors designated individual factors affect contraceptive use, the analysis were based on the model which led the researchers to understand pathways of women's power that allows contraceptive use (Dodoo et al, 2001).

The relationship between the husband and wife as far as power to decide is concerned and their fertility preference need be strengthened in order to understand obstacles to contraceptive use (Dodoo & Van Landejwik, 1996). These two writers were very critical of the analysis concerning the gap between family planning needs in sub-Saharan Africa for that the ignored the place of gender roles and couple communication, and the

lackadaisical attention that was paid to family size and wife's agreement in the conceptualization.

However, qualitative FGD data for both men and women were included in order to understand the aspects of perceived gender roles in family planning and couple negotiations to use contraceptives.

Observing varying areas of power play in household decision-making for the purpose of comparing women's relative power by measuring non-reproductive health-related areas (Dodoo, et al. 2001) posed the following questions "Whose say is final on....," and provided four answers to choose from: primarily husband, husband and wife primarily, the wife, or someone else (Kritz et al, 1989).

When domestic decision-making autonomy is aggregated women's domestic power may affect decision-making power on the use of contraceptives. Studies have shown that, women's freedom of movement and their autonomy over control of finances are necessary factors for contraception (Govindasamy and Malhotra 1996; Hogan and Haililmariam 1999). Literature is also replete with women's examples of how involvement in family planning decision-making promotes contraceptive use (Govindasamy and Malhotra 1996, Kalipeni and Zulu 1993, Fikree, et al, 2001) the women in Egypt involved in family planning decision significantly were those who enjoyed more significant association with contraception decision by couples.

The interaction between decision-making power, reproductive and non-reproductive issues and their effect on contraceptive use was shown by Govindasamy (1996) to be greatly affected by women's freedom of movement.

There exist a significant relationship between the tendency for women who participated freely in general decision-making at home to be able to participate more qualitatively to or are likely to contribute to reproductive health decision-making (Zulu 1998). In patriarchal societies with high level of gender stratification, the levels to which men dominate decision-making need further investigation (Zulu, 1998).

Couple communication has been observed to be important in decision of family size and contraceptive use. Though in most areas the husband is seen as the main decider on all matters especially reproductive issues and in some cases husbands are presented as frustrating their wife's effort with regards to using contraceptives. (Mason & Smith, 2000).

Literature from sub-Saharan Africa opine that when spousal communication on general issues is good the tendency for reproductive health decision-making by women to be high is great and the possibility for them to agree on choice of, and preferences of fertility choices that will lead to meeting fertility objectives will also be high (Hogan and Haililmariam, 1999)..

The 1989 Demographic and Health Survey data from Kenya showed spousal communication is statistically with contraceptive use after controlling for background demographic information (Nylhde, 1998). From Ghana studies also showed that the association between spousal communication and contraceptive is when other intervening factors are controlled. (Bawah, 2002). Studies by other researchers also found spousal communication to be strongly related to contraceptive use by women (Gaje, 1995).

Researchers such as Jejeebhoy 1995; Kritz et al. 2000; Mason 1993; Mason & Smith 2000; & Riley, 1997 agreed that various dimensions of gender can be seen in women's socioeconomic position as determined by education and employment, age at marriage, decisions surrounding marriage, marriage structure such as polygyny, spousal communication about timing of pregnancy, family size and contraceptive behavior, and participation in household decision-making.

The association between women's education and paid employment and lower fertility and reproductive decision-making is high and secondary and higher education of women is associated with the small family norms, which in turn leads to women's greater use of contraception to achieve desired fertility (Castro-Martin & Juarez, 1995; Caldwell, 1980; Eloundou-Enyegue 1999; Gage 1995; & Jejeebhoy 1995). This education/fertility association is linked to education's role as a source of knowledge and information and an opportunity for women to moderate attitudes and the question of gender norms and power structures in existence around their society (Castro-Martin & Juarez 1995).

The nature of this relationship though complex and may be indirect may further condition the gender/marriage nexus as has been shown in studies (Basu, 2002). Educated women employed outside the home use contraception for fertility regulation more than their non-educated peers and therefore have lower fertility (Balk 1994; Mason 1993; & Kritz et al. 1997). Other studies have shown also that they enjoy better reproductive and child health because they engage in positive maternal and child health care behaviors.

In this sense, education is an engine of socioeconomic mobility that leads to greater reproductive agency. Women who delay marriage as a result schooling and employment have been hypothesized to enjoy greater autonomy in their marriage decisions and an increase in consensual unions/cohabitation (Gage, 1995). This enhanced autonomy is expected to translate into women's greater control of their contribution to reproductive health decision-making.

When polygyny is associated with large poverty/illiteracy the effect will be noticed in gender inequality represented in less spousal communication about reproductive preferences, intentions and behavior (Ezeh 1997; Pebley & Mbugua 1989). A sign of women's empowerment can be seen in their contribution to reproductive

health decision and control over their earning which could lead to more equitable gender relation in the home. However, Eloundou-Enyegue & Calves, (2006) opines that, this may hold only where women are both equally or more educated than their husbands and engaged in paid employment.

Reviewing the role of power in spousal relationship Stephen & Roscoe (1998) observed that understanding the concept of 'power to' (ability to act) and 'power over' (despite opposition from others, women should be able to assert their wishes and demands), are important for purposes of examining the role of power in sexual relationship noting that it does not imply absolute power of either member of the couple, but the comparative influence of members relative to each other.

The type of inequalities operating in other types of power imbalances such as those in polygamous relationships, wealth, age, and the influence of extended family members and male child preferences where some of the observed imbalances in the power relations in marital arrangements (Bawah, 2002). Inequalities on the bases of gender can direct the balance of power and can affect or influence the access to and use of reproductive health services where available as these power relations can affect the ability of partners to acquire information, make decisions, and take actions on their reproductive health, safety and wellbeing (Elizabeth & Madeleine 1993).

The relationship existing between reproductive health decision-making and gender based power roles is a complex one, partners may not agree on the need for pregnancy or the use of contraception, there however, is a need for more research on whose opinion carries more weight at the end of the day since various studies have wide variations across cultures and societies, even in the same setting results have not been very consistent (Bawah, 2002).

In the same way it has been shown that while a majority of men approve of family planning; they have always had reservation about their partner's use of contraception, (Elizabeth and Madeleine 1993) these reservation stem from the fear that they may lose their role as head of the family, promiscuity and adultery of their partner, and that they will be ridiculed by their peers in the community.

Though men like to be seen as decision-makers in their families they prefer to leave implementation of their contraception decision to their wives this much was pointed out by (Annick 1998). This attitude is reinforced by reproductive services designed exclusively to cater to women (Elizabeth and Madeleine 1993) when women want to use contraception and they perceive opposition or outright refusal by their husbands they may decide to use contraception surreptitiously, as open defiance may connote negative consequences for most women, especially those who are economically dependent on their husbands, and those whose partners can and do threaten them with divorce or violence (Bawah 2002).

Studies in northern Nigerian communities have shown a significant rise in the age at first marriage with commensurate increase in school attendance by girls since the 1980s these developments have important implications for gender issues in the area, one of the outcome of these developments is that greater involvement in decision-making by women has been achieved (Yusuf, 2001).

This has ensured that more girls attend higher levels of education and the rate of girl child marriages has continued to decline implying that spousal age difference is also on the decline. The tendency of this development to increase spousal communication is very high and it can also lead to reduced vulnerability of women to HIV & AIDS and other STIs (Kritz, et al, 2000).

Methodology

The method of data collection for this research is through interviews. Interviews were conducted with some couples and in order to validate the data, it was supported with literatures from text books, journals as well as newspapers. The data were analysed using thematic method.

Data analysis

On spousal age gap between husbands and wife, it has been an established tradition the world over for men to marry girls that are younger than them, this habit cuts across different socio-cultural background. The implication of this attitude is that older men are likely to have been involved in other sexual relations which could impact negatively on the life of the bride, it is also possible that the wider the age gap between the spouses the narrower the spousal communication between them, the second implication is that older men are likely to be richer, wiser and possibly involved with other women than their younger wives all these have implication for the younger bride's ability to communicate very well and freely in qualitative manner with her husband.

The in-depth interview on spousal age gap with married women gave the researcher an opportunity to assess the views of married women and they informed that:

The gap in age between me and my husband is more than ten (10) years, that is normal the man must be older than his wife, he needs to have experience and resources which comes with age to manage his family and the age gap allows for there to be respect between the spouses, the age difference automatically commands respect from the bride who see in her husband a father figure depending on how wide the gap is.

A second set of in-depth interview with married women is presented below.

It is normal to have wide age gap between the spouses if not there will not be respect between them. The wider the age gap the more the respect we were brought to respect our elders and the conjugal relationship between them will cement rather than undermine the respect, on the side of the man he sees the wife like either a younger sister or a daughter and so is likely to forgive her excesses a kind of tolerance that younger people do not have and that is why today marriages don't last long because husbands and wife are age mates who will respect and obey who.

Focus group discussion with male discussants revealed that:

For marriages to succeed there must be some age gap between the couples it is not wrong for them to be the same age, if the woman is of the same age with the husband there is a tendency for disrespect and as women grow older chances that they will find husbands become smaller and smaller with advancing age so there is a tendency for them to want to marry early and get married early but a man can marry at any time and you know that men do not have to worry about menopause and things like that.

Conclusion

The is about Spousal age gap and its effects on Reproductive Health Decision Making Process in Nigeria using Ankpa Local Government of Kogi State as a unit of analysis. The findings revealed that age gap narrow spousal communication and has implication for the younger bride's ability to communicate very well and freely in qualitative manner with her husband, age gap provide them with experience and resources, the wider the age gap the more the respect, if the woman is of the same age with the husband there is a tendency for disrespect and as women grow older chances that they will find husbands.

References

- The World Health Organization's (WHO) website on *Gender, Women and Health* includes many full-text documents on a range of women's health issues. www.who.int/gender/en/ (accessed 12 Feb 2014).
- World Bank 1995 World Development Report 1995: Workers in an Integrating World. Oxford: Oxford University Press. 630
- World Bank. (1986). Population Policies and Growth in Sub-Saharan Africa: A World Bank Policy Study. Washington, D.C.
- Sen, G. (1985). *Women agricultural labourers: regional variations in incidents and employment* (pp. 125-145). Shakti Books.
- Fapohunda, E.& M. Todaro. 1988. "Family Structure and Demand for Children in Southern Nigeria." *Population and Development Review* 14:571-96.
- Manser, M., & Brown, M. (1980). "Marriage and Household Decision-Making: A Bargaining Analysis", *International Economic Review*, 21.(4) pp 55
- McElroy, M.B., & Horney, M.J. (1981). "Nash-Bargained Household Decisions: Toward a Generalization of the Theory of Demand", *International Economic Review*.
- Adioetomo, S. M. & Eggleston, E. (1998). Helping the husband maintaining the harmony: family planning, women's work women's household autonomy in Indonesia. *Journal of population*.4 (2), pp. 7-31
- Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education, Exceptional Children, *Journal of Psychology* 71, 195-207.
- Yusuf, B. (2001). "Political relevance of women in Islam." Weekly Trust, August 3-8.
- Mkhabela, M.P., Mavundla, T.R., & Sukati, N.A. (2008). Experiences of nurses working in Voluntary Counseling and Testing Services in Swaziland. *Journal of the Association of Nurses in AIDS Care*, 19 (6), 470-479.
- Birmingham, P., & Wilkinson, D. (2003). *Using research instruments: a guide for researchers*. Routledge.
- Basu, A. M. (2005). The Millennium development goals minus reproductive health: An unfortunate, but not disastrous, omission. *Studies in family planning*, 132-134
- Basu, A.M. (2002). Why does Education Lead to Lower Fertility? A Critical Review of Some of the Possibilities. *World Development* 30 (10), pp 1779-1790.
- Dodoo, F.N.-A. & van Landewijk, P. (1996). Men, Women, and the Fertility Question in Sub-Saharan Africa: An Example From Ghana." *African Studies Review* 39(3):29-4 vol 1.
- Dodoo, F.N.-A. & Seal, A. 1994. "Explaining Spousal Differences in Reproductive Preferences: A Gender Inequality Approach" *Population and Environment* 15: pp 379-94.
- Dodoo, F.N.-A. (1993a). "A Couple Analysis of Micro-Level Supply/Demand Factors in Fertility Regulation." *Population Research and Policy Review* 12:93-10 1.
- Dodoo, F.N.-A. (1993b). "Education and Changing Reproductive Behavior in Ghana." *Sociological Perspectives* 36 pp 241-56.
- Bawah, A. A. (2002). Spousal communication and family planning behavior in Navrongo: a longitudinal assessment. *Studies in Family Planning*, 33(2), 185- 194.

- Kritz, M.M., P. Makinwa & D.T. Gurak (1997) 'Wife's empowerment and fertility in Nigeria: the role of context' Paper presented at the seminar on Female Empowerment and Demographic Processes, Lund, (1997)
- Kritz, M.M., P. Makinwa-Adebusoye and D.T. Gurak. (1997). "Wife's Empowerment ' and Fertility in Nigeria: The Role of Context." Cornell University Population and Development Program Working Paper Series No. 97.05.
- Kritz, M.M., P. Makinwa-Adebusoye, & D.T. Gurak. (2000). "The Role of Gender Context in Shaping Reproductive Behaviour in Nigeria. In H.B. Presser and G. Sen (eds.), *Women's Empowerment and Demographic Processes*, New York: Oxford University Press.